

Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective 7-1-05

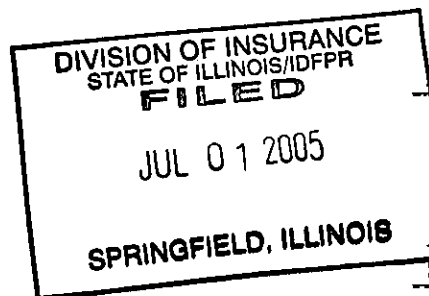
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers'	\$12,000	.01 Factor
Compensation		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adopting NCCI's Item B-1393 filing for Domestic Terrorism, Earthquake, and Catastrophic Industrial Accidents.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.



Ansur America Insurance
Name of Company

Anne Kohler
Sr. Commercial Technician
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective 7-1-05

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1. Automobile Liability		
Private Passenger		
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11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers'	\$12,617,000	.01 Factor
Compensation		
Line of Insurance		

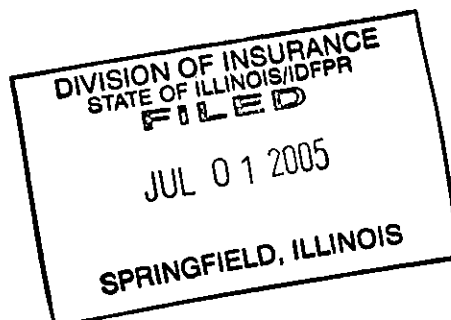
Does filing only apply to certain territory (territories) or certain classes? If so, specify:

N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting NCCI's Item B-1393 filing for Domestic Terrorism, Earthquake, and Catastrophic Industrial Accidents

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.Frankenmuth Mutual Insurance
Name of CompanyAnne Kohler
Sr. Commercial Technician
Official - Title

H29219D

ILLINOIS SUMMARY SHEET
Form (RF-3)

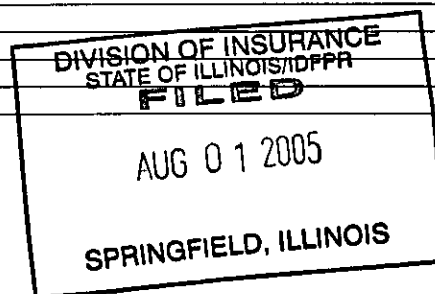
Change in Company's premium or rate level produced by rate
revision effective August 1, 2005

(1)		(2)	(3)
Coverage		Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$3,287,046	-3.3%
16.	Other		
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain
classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization):

(1) Revision Loss Cost Multiplier from 1.500 to 1.450.



- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will
result from application of new rates.

Mid-Century Insurance Company
Name of Company

James J. Gebhard, FCAS, MAAA
Actuary, Workers Compensation
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 10/1/05.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger	0	0
Commercial	0	0
2. Automobile Physical Damage		
Private Passenger	0	0
Commercial	0	0
3. Liability Other than Auto	0	0
4. Burglary and Theft	0	0
5. Glass	0	0
6. Fidelity	0	0
7. Surety	0	0
8. Boiler and Machinery	0	0
9. Fire	0	0
10. Extended Coverage	0	0
11. Inland Marine	0	0
12. Homeowners	0	0
13. Commercial Multi-Peril	0	0
14. Crop Hail	0	0
15. Workers Compensation	10,253,376	- 1.1%
16. Other _____	0	0
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify Yes, please see attached Deviations by Class Exhibit. _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Technology Insurance requests a -10% Deviation for certain class codes as detailed on the Deviations by Class Exhibit.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Technology Insurance Company _____
Name of Company

Submitted by: J. Shoenfelt, ACAS
Shoenfelt Consulting, Inc.
Official — Title

